COUNTY OF LEXINGTON

ACCOMMODATIONS TAX FUND APPLICATION FY 2027/28

1. Name of Project/Event

2. Type of Organization (*select one*)

	County
	Municipal
	Non-Profit Organization
	Community Service Club, Church, etc.
	501(c)3
	Other

3. Sponsoring Organization

Name of Organization	
Mailing Address	

4. Director of Project/Event

Name & Title	
Contact Number(s)	
Email	

5. Project/Event Website Address

6. Project/Event Category (*select one*)

	Tourism – Advertising / Promotion *(see #10 for advertising/promotion sources)*
	Tourism Related Expenditures

7. Project/Event Timeline

Beginning Date	
End Date	

8. Location of Project/Event

9. Number of Employees

Full-time	
Part-time	

10. Do you advertise outside of a 50-mile radius?

☐ Yes ☐ No

*If you answered **yes,** please check all that apply for advertising sources outside of Lexington County and include the total number of each distributed.*

	Type of Ad	Total # Distributed	Range of Ad	For Ad Listings
☐	Rack Cards			Complete ***Attachment A*** to provide additional details regarding ads in *magazines, newspapers, radio, billboards, and websites.* Please include targeted audience.
☐	Brochures			
☐	Posters			
☐	Magazine Ads			
☐	Newspaper Ads			
☐	Radio Ads			
☐	Billboard Ads			
☐	Websites *(other than primary)*			
☐	Other			

11. Number of Project/Event Attendees

Expected Number	
Of this number, how many are tourists?	

Tourists - "People taking trips outside of their home communities for any purpose, except daily commuting to and from work." [SC Code of Laws, Chapter 6, Section 6-4-5 (4)]

12. List the methods used to track tourists

Select Methods Used	
	Webpage inquiries
	Phone call inquiries
	Brochure mailings
	Event ticket sales
	Event registration
	Hotel sales
	License plates
	Surveys
	Other

Provide the Estimated Numbers	
Inquiries per month	
Phone calls per month	
Brochures mailed per month	
Tickets sold per event	
Registrants per event	
Sales per event / per month	
Count per event	
Responses per survey	

13. <u>REQUIRED</u> - County accommodations tax funds are generated by hotels in the unincorporated areas of Lexington County. Please list the hotels, number of rooms, and number of nights you have used or plan to use for your project/event that are in unincorporated areas of Lexington County only.

Hotel Name & Location	Number of Rooms	Number of Nights

14. Please indicate whether you have read Chapter 6, Sections 6-4-5 (4) and 6-4-10, SC Code of Laws, 1976.

	Yes		No

15. Project/Event Budget - Requests for funds must meet the requirements of Chapter 6, Section 6-4-10, SC Code of Laws, 1976, as amended.

a. Estimated Total Cost of Project/Event:	$
b. Amount of Accommodations Funds Requested for this Project/Event:	$
c. This Request Equals What Percentage of the Total Project/Event Budget:	%
d. Use ***Attachment B*** and provide a detailed list of what the funds will be used for and the estimated amount for each item (i.e. brochures - $1,500, etc.)	Use ***Attachment B*** to complete.

16. Has your Project/Event or Organization previously received Accommodations Tax Funds?

☐ Yes ☐ No

*If you answered **yes,** please complete items a – e.*

a. Year(s)	
b. Amount(s)	
c. Source(s)	
d. Purpose(s)	
e. For each award year, did you expend 100% of the ATAX funds you received?	☐ Yes ☐ No *If you answered **no**, please explain.*

17. Project Description – Please use *Attachment C* to provide the following information as required by the *Tourism Expenditure Review Committee* to ensure the project/event is in accordance with Section 6-4-10 of the S.C. Code of Laws.

a. General project/event description	*Use Attachment C to complete this section.*
b. Benefits that the project/event will serve toward promoting tourism and the benefits to the Lexington County community	
c. Total project /event attendance versus the number of total tourists in attendance	
d. Economic impact generated by tourism toward the project/event	
e. Overall description of how the project/event attracts and promotes tourists to the area, and specifically how the Accommodations Tax Funds were used to accomplish this	
f. Additional comments	

PLEASE NOTE: APPLICANT AND/OR REPRESENTATIVE(S) MUST BE PRESENT DURING REVIEW PROCESS BY THE ACCOMMODATIONS TAX ADVISORY BOARD IN ORDER TO BE CONSIDERED FOR FUNDING.

Signature of Project/Event Director:

_____ _____

Print Name **Title**

_____ _____

Signature **Date**